Typhoid fever in travelers: who should we vaccinate?

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Infection with Salmonella Typhi causes an estimated 16 million cases of typhoid fever worldwide each year, including 200 - 300 travel-associated cases in the United States. Vaccination of travelers is an important method of prevention. Destination and estimated length of stay abroad have been used as a guide for determining which travelers to vaccinate. To clarify indications for typhoid immunization, we reviewed data from all cases of S. Typhi reported to the U.S. Centers for Disease Control and Prevention's National Typhoid Fever Surveillance System between 1994 and 1999. From 1994 to 1999, 1,166 laboratory-confirmed cases of acute S. Typhi infection were reported by 41 states and 2 territories. California (29%) and New York (24%) reported the most cases. The median age was 22 (range, 0 - 94 years); 26% were children <10 years old; 636 (55%) were male; 866 (85%) were hospitalized; and 9 (0.8%) died. In total, 855 (73%) infections were acquired abroad. Travel to six countries, India (30%), Pakistan (13%), Mexico (10%), Bangladesh (6%), Haiti (6%), and the Philippines (5%) accounted for 70% of cases. Among 150 persons who reported their reason for travel, 115 (77%) infections occurred in persons visiting family, 21 (14%) in persons immigrating to the U.S., 14 (9%) in tourists, and 4 (3%) in business travelers. Only 27 (.03%) persons reported vaccination. For 472 travelers who traveled to a single country and reported duration of stay, 24 (5%) stayed < 1week, 76 (16%) < 2weeks, 132 (28%) <3 weeks, 227 (48%) <1 month, and 288 (61%) <6 weeks. In conclusion, a substantial number of typhoid cases in the U.S. occur among persons who travel for six weeks or less. Vaccination should be considered even for short-term travel to high risk areas. Travelers to the Indian subcontinent, children, and persons visiting family should be targeted for prevention.

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